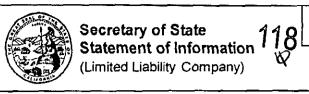
EXHIBIT O

LLC-12



FILED Secretary of State State of California JAN 09 2019

IMPORTANT — This form can be filed online at bizfile.sos.ca.gov.

Read instructions before com	pleting this form.			 				
Filing Fee - \$20.00				_				
Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees				376 350 20/CC Above Space For Office Use Only				
1. Limited Liability Company N	Iam e (Enter the exact name of the	LLC. If your	egistered in Califo	omia using an a	lternate name, see instruct	ions.)		
Uniloc 2017 LLC								•
2. 12-Digit Secretary of State E	intity (File) Number	3. State,	ForeignCoun	try or Place	of Organization (only if f	omed out	taide of (Calif ornia
201900910	282			I	Delaware			
4. Business Addresses								
a. Street Address of Principal Office- Do not list a P.O. Box			City (no abbreviations)				Zip Code	
1345 Avenue of the Americas 46th Fl			New York			NY	10105	
b. Mailing Address of LLC, if different than item 4s			City (no abbreviations)			State	Zip Code	
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box			City (no abbreviations)			State	ZipCo	de
5. Manager(s) or Member(s)	If no managers have been appromust be listed. If the manager/me an entity, complete items 5b and has additional managers/member	ember is an in 5c (leav e Item	dividual, complete 5a blank). Note	e items 5a and : The LLC can	i 50 (leavie Item 5b blank). not servie as its own mana;	If the ma	mager/m	ember is
a. First Name, if an individual - Do not complete item 5b		Middle Name		Last Name	<u>. </u>		Suffix	
b. Entity Name - Do not complete Item 5			<u> </u>		<u> </u>			<u></u>
CF Uniloc Holdings LLC								
c. Address		City (no abbreviations)		State	Zip Code			
1345 Avenue of the Americas 46th Fl			New York	view York		NY	7 10105	
6. Service of Process (Must p	rovide either Individual OR Corpor	ation.)						
INDIVIDUAL - Complete Items (Ba and 6b only . Must include agent	's full name ar	nd California stree	address.				
a. California Agent's First Name (if agent is not a corporation)		Middle Name	Last Name				Suffi	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box			City (no abbrev	City (no abbreviations)		State CA	Zip C	ode
CORPORATION - Complete Ite	m 6c only. Only include the name o	of the register	ed agent Corporat	ion.	**************************************	<u></u>	<u> </u>	
c. California Registered Corporate Ager C T Corporation System	its Name (if agent is a corporation) - I	Do not complet	te Item 6a or 6b					
7. Type of Business	to the broad							
Describe the type of business or service	es of the Limited Liability Company							
Investment Holding Compar	ıy							
8. Chief Executive Officer, if e	lected or appointed							
a. First Name			Middle Name	Last Name				Suffi
b. Address			City (no abbre	City (no abbreviations)			tate Zip Code	
9. The Information contained	d herein, including any atta	achments r	made part of t	his docum	ent, is true and corre	ct.	<u></u>	
01/08/2019 Const	agtine M. Dakolias			President	/ /			
	or Print Name of Person Com	pleting the F		Title	Algnai.	ure		
	Ī				//			
LLC-12 (REV 01/2018)					20#8 Califon		ary of St	